



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management

CONSTRUCTION & DEMOLITION WASTE
LANDFILL
Facility Annual Report
For the period of July 1, 2012-June 30, 2013

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2013 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Greenway Waste Solutions of Apex

Permit: 9230-CDLF

Facility Website (URL): http://www.griffinbrothers.com/greenway/hwy55.html

Physical Address		Mailing Address	
Street 1: <u>5940 Old Smithfield Rd</u>		Street 1: <u>PO Box 699</u>	
Street 2: _____		Street 2: _____	
City: <u>Apex</u>	County: <u>Wake</u>	City: <u>Holly Springs</u>	
State: <u>North Carolina</u>	Zip: <u>27502</u>	State: <u>North Carolina</u>	Zip: <u>27540</u>

Primary Facility Contact Person		Billing Contact Person	
Name: <u>Ellie Allen</u>		Name: <u>Joseph Brenkus</u>	
Phone: <u>(919) 816-7286</u>	Fax: <u>(704) 896-2960</u>	Phone: <u>(704) 897-1219</u>	Fax: <u>(704) 896-2960</u>
Email: <u>erallen@griffinbrothers.com</u>		Email: <u>jjbrenkus@griffinbrothers.com</u>	

1. Tipping Fee: \$32.00 _____ per Ton (Attach a schedule of tipping fees if appropriate.)

2. Does the tip fee above include the \$2.00 Solid Waste Tax? ☒ Yes ☐ No

3. What other activities occur at this facility? (check all that apply)

☒ Recycling/Reuse Collection ☐ Scrap Tire Collection ☐ White Goods Collection ☐ Household Hazardous Waste Collection

If you checked Recycling/Reuse Collection, please indicate the materials accepted and amount collected: (check all that apply and provide tonnages)

<input type="checkbox"/> Paper _____ tons	<input type="checkbox"/> Fluorescent lightbulbs _____ tons	<input type="checkbox"/> Used oil/oil filters _____ tons	<input type="checkbox"/> Steel Cans _____ tons
<input type="checkbox"/> Cardboard _____ tons	<input type="checkbox"/> PETE (#1) Plastic _____ tons	<input type="checkbox"/> Aluminum Cans _____ tons	<input checked="" type="checkbox"/> Other Metal <u>73.14</u> tons
<input type="checkbox"/> Wood _____ tons	<input type="checkbox"/> HDPE (#2) Plastic _____ tons	<input type="checkbox"/> Computer Equipment _____ tons	<input type="checkbox"/> Televisions _____ tons
<input type="checkbox"/> Glass _____ tons	<input checked="" type="checkbox"/> Concrete/rubble/asphalt <u>15,971</u> tons	<input type="checkbox"/> Gypsum/drywall _____ tons	<input type="checkbox"/> Other Plastic _____ tons
<input type="checkbox"/> Shingles _____ tons	<input type="checkbox"/> Other (specify) _____		

Airspace (Capacity): Questions in this section relate to all cells/units of the C&D facility operated under the current 4-digit permit number regardless of whether the cells/units are closed or are not contiguous at the time of this report. Tonnage questions must be based on scale records and cover the period between the opening date and the date of the last survey unless another time period is approved. Airspace measurements include weekly, intermediate and final cover.

4. Date Facility Last Surveyed: 06/01/13

5. Airspace Used (cubic yards): 1,430,676

6. Total Tons Disposed in
Airspace Used (tons): 897,427

7. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred: _____

8. Total waste landfilled at this facility during the period of July 1, 2012, through June 30, 2013. Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. Do not include waste diverted for recycling, reuse, mulching, or composting. Please indicate COUNTY and STATE, if received from another state.

[illegible]

Grand Total	72,430.72
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9. Are there SWANA or other certified operator(s) at this facility? ☒ Yes ☐ No

If yes, indicate the following:

Name: <u>Amy Williams</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist - June 3rd 2014</u>
Name: <u>Ryan Johnson</u>	Certification type and expiration date: <u>MOLO - June 2016</u>
Name: _____	Certification type and expiration date: _____
Name: _____	Certification type and expiration date: _____
Name: _____	Certification type and expiration date: _____

10. Comments, suggestions or notes:

REMINDER: According to (25 N.C.A.C. 101.16), the report must be sent to the Regional Environmental Health Specialist for your area and a copy of this report must be sent to the Facility Manager through county form which will be received.

Please return your completed report to:

Shawn McKee
1646 Mail Service Center
Raleigh, NC 27699-1646
phone: 919.707.8284 email: Shawn.Mckee@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature: Ellie R Allen ELLIE R. ALLEN

Date: Aug 20, 2013

Name: Ellie Allen

Title: Director Of Operations

Phone Number: (919) 816-7286

Email: crallen@griffinbrothers.com

Facility Name: Greenway Waste Solutions of Apex Permit: 9230-CDLF

Address: 5940 Old Smithfield Rd

City: Apex State: North Carolina Zip: 27502

Person completing Assessment: Ellie Allen Date: Aug 20, 2013

Phone Number: (919) 816-7286 Fax: (704) 896-2960 Email: erallen@griffinbrothers.com

Instructions Please indicate either Yes or No for each Receptor and Post Closure Maintenance question. Then please determine the distance or distances for each Receptor from the *Edge of Waste* (using range finders and/or GIS maps) and type that information into the form. Please attach additional information including GIS maps, lists of potable well locations, etc.

Receptors

1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
3. Are there Community/Municipal Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
4. Are there Surface Water Bodies Within 1,500 feet of the Edge of Waste? ☒ Yes ☐ No
If Yes, how many? 2
What are the three closest distances from the *Edge of Waste*? 100 Feet 200 Feet _____ Feet
Please list the names of the water bodies: Little Branch & Falls Branch
5. Is Public Water Available Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many of the Residential Dwellings noted above are connected? _____

Corrective Measures

6. Is there an active methane extraction system (blower, flare, etc.)? ☐ Yes ☒ No
7. Is there a passive methane extraction system (trench, vents in cap, flare, etc.)? ☐ Yes ☒ No
8. Is there groundwater remediation taking place on site? ☐ Yes ☒ No
If Yes, what is the specific remedial technology used? _____

Comments